

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF TECHNOLOGY**  
**CALLING APPLICATIONS FOR THE YEAR I SEMESTER I AND YEAR III**  
**SEMESTER II EXAMINATION**

The Year I Semester I, and Year III Semester II Examinations of the Faculty of Technology, will be held in **January/February 2026**. Students of the above Faculty are accordingly advised to submit their applications as per instructions given below.

**01. ISSUE OF APPLICATION FORMS**

Applications should be submitted on prescribed forms obtainable from the **Faculty of Technology**. Forms will be issued from **22<sup>nd</sup> December 2025** from 9.00 a.m. to 11.30 a.m.

**02. SUBMISSION OF COMPLETED APPLICATION FORMS**

Students should handover their duly filled application forms to the **Faculty of Technology** on **23<sup>rd</sup> December 2025** from 1.00 p.m. to 3.00 p.m.

*N. B. - Students' Record Books should be produced when applications are handed over.*

**03. FILLING IN THE APPLICATION FORMS**

It is the responsibility of the candidates to enter all subjects (Title of Question Papers with Code Numbers) clearly in the application form. Heads of Departments may be consulted with regard to any clarification in completing the application forms.

**04. APPLICATIONS FROM THE STUDENTS WHO HAVE FAILED OR HAVE NOT COMPLETED THEIR PREVIOUS EXAMINATIONS**

Those students who fall into the above category are required to pay the appropriate examination fees along with their applications. The fees can be paid at any branch of the Bank of Ceylon to the credit of the Sabaragamuwa University, Account Number **0002246976** at Bank of Ceylon, Balangoda Branch. Receipts for payment of fees should be attached to the applications.

## **FEE PAYABLE BY CANDIDATES REPEATING THE SEMESTER EXAMINATION**

### **I. Examination Fees (for a Semester)**

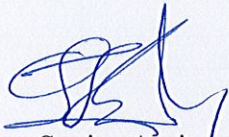
One Subject	-	Rs. 25.00
Two Subjects	-	Rs. 50.00
Three Subjects	-	Rs. 75.00
Four Subjects or more-		Rs. 100.00

Candidates should have a valid student registration for the respective academic year.

### **05. WITHHOLDING OF EXAMINATION RESULTS**

Results of those students who have not paid hostel fees, charges for damages done to University property and of those who have not returned sports equipment and library books etc. will be withheld. Students are, therefore, advised to get clearance for the above payments before applications are submitted for any examination.

- **Candidates are informed to collect their *Admission Cards* on 31.12.2025 between 01.00 pm - 4.00 p.m. from the Examination Branch.**



Senior Assistant Registrar / Examinations

19.12.2025

CC: Dean  
Heads of Departments  
Registrar  
SAR / Student Affairs  
Librarian



**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
FACULTY OF TECHNOLOGY**

DEPARTMENT OF .....

YEAR ..... SEMESTER ..... (...../..... BATCH) EXAMINATION

**EXAMINATION APPLICATION FORM**

- Major Module: .....

01. Registration No : ..... Index No : ..... Medium : .....

02 i. Full Name (In English Block Letters) : .....

ii. සම්පූර්ණ නම (සිංහලෙන්) : .....

03. Please state the subject/subjects that you expect to apply for the Examination.

**COURSE TITLE**

**COURSE CODE**

**SIGNATURE OF LECTURER  
INCHARGE CONFIRMING  
THAT THE CANDIDATE HAS  
FOLLOWED THE COURSE  
SATISFACTORILY AND IS  
ELIGIBLE TO SIT THE  
EXAMINATION.**

i.	.....	.....	.....
ii	.....	.....	.....
iii.	.....	.....	.....
iv.	.....	.....	.....
v.	.....	.....	.....
vi.	.....	.....	.....
vii.	.....	.....	.....
viii.	.....	.....	.....
ix.	.....	.....	.....
x.	.....	.....	.....
xi.	.....	.....	.....
xii.	.....	.....	.....



04. State whether Mr. / Ms.: .....

5. Permanent Address: .....  
.....  
.....  
.....

06. Address during the period of Examination :

.....  
.....  
.....

07. Contact Number : .....

08. Email Address : .....

09. Date of admission to the University : .....

10. Have you been registered for this year : .....

Give date of payment of registration fees for the course : .....

11. Have you postponed sitting this examination earlier due to illness (supported by Medical Certificate) or any other reasons? If so give particulars.

12. Amount of fees paid. (candidates applied for the first time, NO need to pay examination fees).

Amount:: .....

Date of payment & receipt No. : .....

I certify that the above information is correct, I am aware that my application shall be rejected, if any of the information given above is incorrect.

Date: .....

.....  
Signature of Candidate.

- Delete as appropriate